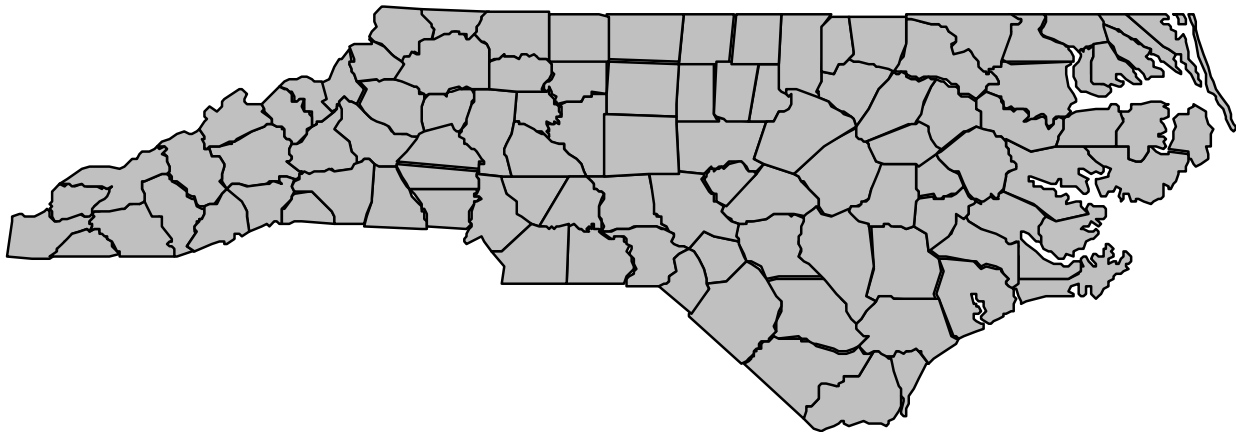


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**2005 - 2006 Performance Contract
With Local Management Entities**

**Second Quarter Report
October 1, 2005 - December 31, 2005**



Prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

February 2006



2005 - 2006 Performance Contract

Second Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the SFY 1999-2000 Performance Agreement to replace the memorandum of understanding that historically was signed by each Area Authority or County Program and the Division. The creation of this agreement marked a significant change in the relationship between the Division and the Area Authority and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes. This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

A Performance Contract was developed for SFY 2004-2007 reflecting the new management functions of Area Authorities and County Programs as they transformed into Local Management Entities (LMEs). It was agreed that all LMEs would use the SFY 2003-2004 Performance Agreement for the first and second quarters of SFY 2004-2005. Those LMEs that signed the SFY 2004-2007 Performance Contract with the NC DHHS by January 2005 would follow the new Performance Contract requirements beginning in the third quarter of SFY 2004-2005. Those LMEs that were in an earlier stage of the mental health system reform process and have not signed the SFY 2004-2007 Performance Contract would continue operating under the requirements of the SFY 2003-2004 Performance Agreement. Correspondence to the Area Directors, dated October 26, 2004, provided details for this process. Twenty one of the 33 LMEs implemented the SFY 2004-2007 Performance Contract on January 2005.

State Fiscal Year 2005-2006

On July 1, 2005, 25 of the 30 LMEs implemented the SFY 2004-2007 Performance Contract. One LME, Piedmont, is operating under a Medicaid Waiver and has a separate performance contract. Four LMEs are still operating under the SFY 2003-2004 Performance Agreement requirements. A table listing the LMEs under the Performance Contract vs. the Performance Agreement is provided in this report following the introduction.

As in prior agreements, the current agreements/contracts provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present LME-specific performance data, comparisons to statewide data, and cross-LME comparisons.

This is the **Second Quarter Report** for SFY 2005-2006 under the SFY 2004-2007 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the contract. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report. Due to challenges associated with system transformation and the rescheduling of the annual audit from Spring to Fall 2005, the reporting of the measures listed below for SFY05 were deferred until SFY06: Choice of Providers, Discharge and After-care Planning, Compliance with Diversion Law, Community Capacity Plan (MH), Provider Monitoring (Part 2), Notice of Appeal Rights, Incident Management, Accounting and Claims Adjudication, Paybacks, and NC-TOPPS. Some of these measures were reported in the first quarter report, and some (audit related) will be reported in the third quarter report after all appeals are resolved and results are finalized.

The tables on the following pages list the report schedule, the performance requirements and standards, and LME performance under the SFY 2004-2007 Performance Contract. LME performance for LMEs operating under the SFY 2003-2004 Performance Agreement will be provided in a separate report.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison. The LME liaison will assist in getting answers to questions and/or having errors corrected.

LMEs Reporting Under The SFY 2004-2007 Performance Contract vs.
The SFY 2003-2004 Performance Agreement

The first column of this table lists the LMEs that have signed the SFY 2004-2005 Performance Contract as of July 1, 2005 and are accountable for meeting the Performance Contract requirements. The second column lists the LMEs that will continue to use the measures in the SFY 2003-2004 Performance Agreement until the Performance Contract is signed.

LME	SFY 2004-2007 Performance Contract	SFY 2003-2004 Performance Agreement
Alamance-Caswell-Rockingham	X	
Albermarle	X	
Catawba	X	
CenterPoint	X	
Crossroads	X	
Cumberland	X	
Durham	X	
Eastpointe	X	
Edgecombe-Nash		X
Five County	X	
Foothills	X	
Guilford	X	
Johnston	X	
Mecklenburg	X	
Neuse	X	
New River	X	
Onslow-Carteret	X	
Orange-Person-Chatham	X	
Pathways	X	
Pitt	X	
Roanoke-Chowan		X
Sandhills	X	
Smoky Mountain	X	
Southeastern Center	X	
Southeastern Regional	X	
Tideland		X
Wake	X	
Western Highlands Network	X	
Wilson-Greene		X
Total	25	4

2005 - 2006 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement		1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1.1. General Administration and Governance					
1.1.1.	Local Business Plan Implementation	X	X	X	X
1.2. Access, Triage, and Referral					
1.2.1.	Access to Emergent Care	X	X	X	X
1.2.2.	Access to Urgent Care	X	X	X	X
1.2.3.	Access to Routine Care	X	X	X	X
1.2.4.	Access Line	X	X	X	X
1.3. Service Management					
1.3.1.	Choice of Providers		X		
1.3.2.	Discharge Planning With State Operated Services		X		
1.3.3.	After-care Planning With State Operated Services		X		
1.3.4.	Compliance With Diversion Law NCGS 122C-261(f)		X		
1.3.5.	Transition To Community Services (Community Capacity Plan) - MH	X			
1.3.5.	Transition To Community Services (Community Capacity Plan) - DD				X
1.3.5.	Transition To Community Services (Bed Day Allocations)	X	X	X	X
1.4. Provider Relations and Support					
1.4.1.	Proximity				X
1.4.2.	SB 163 Provider Monitoring	X	X	X	X
1.5. Customer Services and Consumer Rights					
1.5.1.	Consumer Rights: Proper Notice Of Appeal Rights		X		
1.6. Quality Management and Outcomes Evaluation					
1.6.1.	Quality Improvement Process				X
1.6.2.	Incident Management		X		
1.6.3.	Incident Reporting	X	X	X	X
1.7. Business Management and Accounting					
1.7.1.	Accounting and Claims Adjudication		X		
1.8. Information Management, Analysis, and Reporting					
1.8.1.	<u>System Monitoring:</u>				
1.8.1.1.	Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2.	Cost Finding Report		X		
1.8.1.3.	Paybacks				X
1.8.1.4.	SAPTBG Compliance Report		X		X
1.8.1.5.	Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6.	Work First Initiative Quarterly Reports	X	X	X	X
1.8.2.	<u>Consumer Information:</u>				
1.8.2.1.	Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2.	Client Data Warehouse (CDW) - Missing Data	X	X	X	X
1.8.2.3.	Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4.	Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5.	Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.7.	DD Client Outcome Inventory (DD COI)	X	X	X	X
1.8.2.9.	NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10.	NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
1.8.2.11.	National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.13.	NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14.	Consumer Satisfaction Survey (CSS)			X	

*The dates listed for the quarterly reports are the target dates that the Division will publish the Performance Contract Report. For this to happen, individual requirement reports are due to the Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter.

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Summary of LME Clinical Performance

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care	1.2.4. Access Line	1.3.2. Discharge Planning With State Operated Services	1.3.3. After-Care Planning With State Operated Services	1.3.4. Compliance With Diversion Law
Mecklenburg	2	100.0%	★★		★	★★			
Neuse	2	100.0%	★★	★★	★★	★★			
Onslow-Carteret	2	100.0%	★★	★	★	★★			
Pathways	2	100.0%	★★	★	★	★★			
Southeastern Regional	2	100.0%	★★	★	★	★			
Alamance-Caswell-Rockingham	2	75.0%	★★	★★	★				
Crossroads	2	75.0%	★★	★		★★			
Durham	2	75.0%	★★	★		★★			
Eastpointe	2	75.0%	★★	★★		★★			
Five County	2	75.0%	★	★		★			
Guilford	2	75.0%	★★	★★		★★			
Johnston	2	75.0%	★★	★★		★★			
Orange-Person-Chatham	2	75.0%	★★	★		★★			
Sandhills Center	2	75.0%	★★	★		★			
Southeastern Center	2	75.0%	★★	★		★★			
Wake	2	75.0%	★★	★		★★			
CenterPoint	2	66.7%	★★			★★			
Foothills	2	66.7%	★★	★★					
New River	2	66.7%	★★	★					
Albemarle	2	50.0%	★★			★★			
Cumberland	2	50.0%	★			★★			
Pitt	2	50.0%	★★			★★			
Smoky Mountain	2	33.3%	★★						
Western Highlands	2	33.3%	★★						
Catawba	2	25.0%	★★						
Met Best Practice Standard Q2: ★★		48.9%	23 92.0%	6 26.1%	1 4.0%	16 76.2%			
Met the SFY2006 Standard Q2: ★		22.3%	2 8.0%	11 47.8%	5 20.0%	3 14.3%			
Total		71.3%	25 100.0%	17 73.9%	6 24.0%	19 90.5%			

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
2. Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter.

**2005 - 2006 Performance Contract
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Summary of LME System Management Performance

LME	Qtr	System Management Percent Met? (★ or ★★)	1.3.1. Choice of Providers	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric	1.3.5. Bed-Day Allocations - ADATC	1.4.2. SB 163 Provider Monitoring - Timely Resolution	1.4.2. SB 163 Provider Monitoring - Policy/Procedures	1.6.2. Incident Management	1.6.3. Incident Reporting
Alamance-Caswell-Rockingham	2	100.0%		<<	<<	<	<<	<<	★★			★
Albemarle	2	100.0%		<	<<	>	<<	>>	★★			★
Catawba	2	100.0%		>>	>>	<<	<<	<<	★★			★
CenterPoint	2	100.0%		>	<<	<	>>	<<	★			★★
Cumberland	2	100.0%		<	>>>	>>	<	<<	★			★★
Durham	2	100.0%		<<	<<	<<	>>	<<	★★			★
Eastpointe	2	100.0%		<	<<	>>	<<	<<	★			★
Five County	2	100.0%		<	<<	<<	>>	<	★★			★★
Foothills	2	100.0%		<<	<<	<<	>>	>	★★			★
Guilford	2	100.0%		<<	<<	<	>	<<	★★			★
Johnston	2	100.0%		<<	>>>	<	<<	<<	★★			★
Mecklenburg	2	100.0%		>>	<<	>>>	>	<<	★★			★
Neuse	2	100.0%		>	<<	>>	<<	<<	★★			★
New River	2	100.0%		<	<	<<	<	>>	★★			★
Onslow-Carteret	2	100.0%		<<	<<	>>	>>	<<	★★			★
Orange-Person-Chatham	2	100.0%		<<	<<	>>	>>>	<<	★★			★
Pathways	2	100.0%		<<	>>	<<	<	<<	★★			★
Pitt	2	100.0%		<<	<<	>>	<<	>	★★			★
Smoky Mountain	2	100.0%		<<	<<	>>	>>>	>	★★			★
Southeastern Regional	2	100.0%		<<	<<	>>	>>	<<	★★			★
Wake	2	100.0%		>	>	<	>	<<	★★			
Crossroads	2	0.0%		<	<<	<	>>>	<<				★
Sandhills Center	2	0.0%		<<	<<	<	<<	<<				★
Southeastern Center	2	0.0%		>	<<	>>	>>	<<				★
Western Highlands	2	0.0%		<	>	<	>	<				★

Bed-Day Allocation Symbols	
>>>	YTD utilization has exceeded the annual allocation.
>>	YTD utilization is more than 10% above the YTD prorated allocation.
>	YTD utilization is less than 10% above the YTD prorated allocation.
=	YTD utilization is equal to the YTD prorated allocation.
<	YTD utilization is less than 10% below the YTD prorated allocation.
<<	YTD utilization is more than 10% below the YTD prorated allocation.

Met Best Practice Standard Q2: ★★
Met the SFY2006 Standard Q2: ★
Total

72.0%							18			3
							72.0%			12.0%
12.0%							3			21
							12.0%			84.0%
84.0%							21			24
							84.0%			96.0%

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard. ★ = On track for meeting the annual Current State Fiscal Year Standard. ★★ = On track for meeting the annual Best Practice Standard.
- Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter or annual measures (e.g. bed-day allocations & incident reporting) for which final results will not be available until year-end.

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Summary of LME Administrative Performance

LME	Qtr	Administration Percent Met ² (★ or ★★)	1.1.1. Local Business Plan	1.5.1. Notice of Appeal Rights	1.7.1. Accounting and Claims Adjudication	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.4. SAPTBG Compliance Reports	1.8.1.5. SAJJU Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.2. CDW - Completeness	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.7. DD CQI	1.8.2.9. NC TOPPS (Initial)	1.8.2.13. NC-SNAP
Alamance-Caswell-Rockingham	2	100.0%	★★				★★	★★	☆☆	★	★★	★	★			★
Albemarle	2	100.0%	★★				★★	★★	☆☆	★★	★★	★★	★★			★★
Catawba	2	100.0%	★★				★★			★★	★★	★★	★★	★★		★
Foothills	2	100.0%	★★				★★	★★	☆☆	★★	★★	★★	★★			★
Johnston	2	100.0%	★★				★★		★	★★	★★	★★	★	★★		★
Neuse	2	100.0%	★★				★★	★★	☆☆	★★	★★	★★	★★			★
CenterPoint	2	88.9%	★★				★		☆☆	★★	★★	★★	★★	★★		★
Guilford	2	88.9%	★★				★★	★★	☆☆	★★	★★	★★	★★	★★		
Pitt	2	88.9%	★★				★★	★★	☆☆	★★	★	★★		★★		★
Sandhills Center	2	88.9%	★★				★★	★★	☆☆	★★	★★	★★	★★	★★		
Southeastern Center	2	88.9%	★★				★★	★★		★★	★★	★★	★★	★★		
Southeastern Regional	2	88.9%	★★				★★		☆☆	★★	★★	★★	★★	★★		★
Wake	2	88.9%	★★				★★	★★	★	★★	★★	★	★★	★★		
Orange-Person-Chatham	2	87.5%	★★				★★		☆☆	★★	★★	★★	★★	★★		
Crossroads	2	85.7%	★★				★★		☆☆	★★	★★	★★	★★			
Onslow-Carteret	2	85.7%	★★				★★		☆☆	★★	★★	★	★★			
Cumberland	2	77.8%	★★				★★		☆☆	★★	★★	★★	★★	★★		
Durham	2	77.8%	★★					★★	☆☆	★★	★★	★★	★★	★★		
Eastpointe	2	77.8%	★★				★★		☆☆	★★	★★	★★	★	★★		
Five County	2	77.8%	★★				★★	★★	★	★★	★★	★★		★★		
Mecklenburg	2	77.8%	★★				★★		★	★★	★★	★★	★	★★		
Pathways	2	77.8%	★★					★★	☆☆	★★	★★	★	★	★★		
Western Highlands	2	77.8%	★★					★★	★	★★	★★	★★	★★	★★		
New River	2	75.0%	★★							★★	★★		★★	★★		★
Smoky Mountain	2	71.4%	★★				★★		★	★★	★★					★

Met Best Practice Standard Q2: ★★	76.8%	25 100.0%				20 80.0%	14 77.8%	16 64.0%	24 96.0%	24 96.0%	19 76.0%	17 68.0%	18 100.0%		1 4.0%
Met the SFY2006 Standard Q2: ★	10.4%	0 0.0%				1 4.0%	0 0.0%	6 24.0%	1 4.0%	1 4.0%	4 16.0%	5 20.0%	0 0.0%		10 40.0%
Total	87.2%	25 100.0%				21 84.0%	14 77.8%	22 88.0%	25 100.0%	25 100.0%	23 92.0%	22 88.0%	18 100.0%		11 44.0%

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
☆☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆☆ = On track for meeting the annual Best Practice Standard.
- Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter or annual measures (e.g. Work First) for which final results will not be available until year-end.

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General Administration and Governance.
1.1.1. Local Business Plan Implementation

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/05)				2nd Qtr Report (Due 1/30/06)				3rd Qtr Report (Due 4/30/06)				4th Qtr Report (Due 7/30/06)			
	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²
Alamance-Caswell-Rockingham	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Albemarle	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Catawba	10/17/05	Yes	Yes	★★	1/17/06	Yes	Yes	★★								
CenterPoint	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Crossroads	10/28/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★								
Cumberland	10/24/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★								
Durham	10/14/05	Yes	Yes	★★	1/17/06	Yes	Yes	★★								
Eastpointe	10/28/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★								
Edgecombe-Nash	Subject to Performance Agreement															
Five County	10/28/05	Yes	Yes	★★	1/27/06	Yes	Yes	★★								
Foothills	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Guilford	10/17/05	Yes	Yes	★★	1/13/06	Yes	Yes	★★								
Johnston	10/24/05	Yes	Yes	★★	1/26/06	Yes	Yes	★★								
Mecklenburg	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Neuse	10/4/05	Yes	Yes	★★	1/10/06	Yes	Yes	★★								
New River	10/30/05	Yes	Yes	★★	1/27/06	Yes	Yes	★★								
Onslow-Carteret	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Orange-Person-Chatham	10/18/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★								
Pathways	10/27/05	Yes	Yes	★★	1/20/06	Yes	Yes	★★								
Pitt	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Roanoke-Chowan	Subject to Performance Agreement															
Sandhills Center	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Smoky Mountain	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Southeastern Center	10/25/05	Yes	Yes	★★	1/20/06	Yes	Yes	★★								
Southeastern Regional	10/27/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Tideland	Subject to Performance Agreement				1/30/06											
Wake	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Western Highlands	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★								
Wilson-Greene	Subject to Performance Agreement															

Number and Percent of LMEs that met the Best Practice Standard:

25 (100%)

25 (100%)

0 (0%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Second Quarter Report
October 1, 2005 - December 31, 2005

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2006 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen ² in 2 Hours		Total Provided Access Within 2 Hours ³		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons ⁴ Determined To Need	Met Std ⁵
Alamance-Caswell-Rockingham	1/20/06	1,462	335	22.9%	335	100.0%	0	0.0%	335	100.0%	★★
Albemarle	1/19/06	1,227	33	2.7%	33	100.0%	0	0.0%	33	100.0%	★★
Catawba	1/13/06	1,812	14	0.8%	14	100.0%	0	0.0%	14	100.0%	★★
CenterPoint	1/13/06	3,637	686	18.9%	679	99.0%	7	1.0%	686	100.0%	★★
Crossroads	1/9/06	1,818	199	10.9%	180	90.5%	19	9.5%	199	100.0%	★★
Cumberland	1/19/06	1,207	107	8.9%	103	96.3%	3	2.8%	106	99.1%	★
Durham	1/19/06	1,325	200	15.1%	200	100.0%	0	0.0%	200	100.0%	★★
Eastpointe	1/20/06	1,043	61	5.8%	61	100.0%	0	0.0%	61	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement										
Five County	1/20/06	1,864	590	31.7%	581	98.5%	8	1.4%	589	99.8%	★
Foothills	2/3/06	1,786	309	17.3%	309	100.0%	0	0.0%	309	100.0%	★★
Guilford	1/10/06	6,225	1,178	18.9%	1,178	100.0%	0	0.0%	1,178	100.0%	★★
Johnston	1/20/06	604	3	0.5%	3	100.0%	0	0.0%	3	100.0%	★★
Mecklenburg	1/17/06	1,138	33	2.9%	20	60.6%	13	39.4%	33	100.0%	★★
Neuse	1/20/06	940	270	28.7%	270	100.0%	0	0.0%	270	100.0%	★★
New River	1/17/06	2,941	70	2.4%	70	100.0%	0	0.0%	70	100.0%	★★
Onslow-Carteret	1/19/06	1,487	138	9.3%	136	98.6%	2	1.4%	138	100.0%	★★
Orange-Person-Chatham	1/18/06	785	129	16.4%	129	100.0%	0	0.0%	129	100.0%	★★
Pathways	1/20/06	1,894	691	36.5%	654	94.6%	37	5.4%	691	100.0%	★★
Pitt	1/20/06	597	47	7.9%	42	89.4%	5	10.6%	47	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement										
Sandhills Center	1/20/06	2,694	532	19.7%	525	98.7%	7	1.3%	532	100.0%	★★
Smoky Mountain	2/1/06	1,487	270	18.2%	242	89.6%	28	10.4%	270	100.0%	★★
Southeastern Center	1/17/06	1,123	23	2.0%	23	100.0%	0	0.0%	23	100.0%	★★
Southeastern Regional	1/19/06	1,260	44	3.5%	41	93.2%	3	6.8%	44	100.0%	★★
Tideland	Subject to Performance Agreement										
Wake	1/20/06	1,857	339	18.3%	295	87.0%	44	13.0%	339	100.0%	★★
Western Highlands	1/20/06	3,237	349	10.8%	349	100.0%	0	0.0%	349	100.0%	★★
Wilson-Greene	Subject to Performance Agreement										
Total		45,450	6,650	14.6%	6,472	97.3%	176	2.6%	6,648	100.0%	★

Number and Pct of LMEs that met the Best Practice Standard:

23 (92%)

Number and Pct of LMEs that met the SFY 2006 Standard:

2 (8%)

Total

25 (100%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen** is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours** includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Second Quarter Report
October 1, 2005 - December 31, 2005

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2006 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	1st Quarter							2nd Quarter							3rd Quarter						4th Quarter									
	Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Emergent		Access Available Within 2 Hours				
			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²		
Alamance-Caswell-Rockingham	10/28/05	1,448	345	23.8%	345	100.0%	★★	1/20/06	1,462	335	22.9%	335	100.0%	★★																
Albemarle	10/20/05	1,300	61	4.7%	61	100.0%	★★	1/19/06	1,227	33	2.7%	33	100.0%	★★																
Catawba	10/18/05	1,783	26	1.5%	26	100.0%	★★	1/13/06	1,812	14	0.8%	14	100.0%	★★																
CenterPoint	10/14/05	3,525	579	16.4%	579	100.0%	★★	1/13/06	3,637	686	18.9%	686	100.0%	★★																
Crossroads	10/10/05	2,002	286	14.3%	286	100.0%	★★	1/9/06	1,818	199	10.9%	199	100.0%	★★																
Cumberland	10/20/05	1,584	156	9.8%	154	98.7%	★	1/19/06	1,207	107	8.9%	106	99.1%	★																
Durham	10/20/05	1,565	210	13.4%	210	100.0%	★★	1/19/06	1,325	200	15.1%	200	100.0%	★★																
Eastpointe	10/25/05	1,231	54	4.4%	54	100.0%	★★	1/20/06	1,043	61	5.8%	61	100.0%	★★																
Edgecombe-Nash	Subject to Performance Agreement							Subject to Performance Agreement																						
Five County	10/19/05	1,559	432	27.7%	428	99.1%	★	1/20/06	1,864	590	31.7%	589	99.8%	★																
Foothills	10/20/05	2,629	395	15.0%	395	100.0%	★★	2/3/06	1,786	309	17.3%	309	100.0%	★★																
Guilford	10/11/05	6,270	969	15.5%	969	100.0%	★★	1/10/06	6,225	1,178	18.9%	1,178	100.0%	★★																
Johnston	10/20/05	492	2	0.4%	2	100.0%	★★	1/20/06	604	3	0.5%	3	100.0%	★★																
Mecklenburg	10/13/05	1,587	16	1.0%	16	100.0%	★★	1/17/06	1,138	33	2.9%	33	100.0%	★★																
Neuse	10/18/05	959	309	32.2%	309	100.0%	★★	1/20/06	940	270	28.7%	270	100.0%	★★																
New River	10/19/05	3,815	140	3.7%	140	100.0%	★★	1/17/06	2,941	70	2.4%	70	100.0%	★★																
Onslow-Carteret	10/20/05	1,511	138	9.1%	138	100.0%	★★	1/19/06	1,487	138	9.3%	138	100.0%	★★																
Orange-Person-Chatham	10/13/05	561	2	0.4%	2	100.0%	★★	1/18/06	785	129	16.4%	129	100.0%	★★																
Pathways	10/20/05	2,184	492	22.5%	492	100.0%	★★	1/20/06	1,894	691	36.5%	691	100.0%	★★																
Pitt	10/20/05	631	47	7.4%	47	100.0%	★★	1/20/06	597	47	7.9%	47	100.0%	★★																
Roanoke-Chowan	Subject to Performance Agreement							Subject to Performance Agreement																						
Sandhills Center	10/20/05	3,118	732	23.5%	732	100.0%	★★	1/20/06	2,694	532	19.7%	532	100.0%	★★																
Smoky Mountain	10/12/05	870	297	34.1%	297	100.0%	★★	2/1/06	1,487	270	18.2%	270	100.0%	★★																
Southeastern Center	10/14/05	1,640	8	0.5%	8	100.0%	★★	1/17/06	1,123	23	2.0%	23	100.0%	★★																
Southeastern Regional	10/21/05	1,148	41	3.6%	40	97.6%	★	1/19/06	1,260	44	3.5%	44	100.0%	★★																
Tideland	Subject to Performance Agreement							Subject to Performance Agreement																						
Wake	10/20/05	2,396	390	16.3%	390	100.0%	★★	1/20/06	1,857	339	18.3%	339	100.0%	★★																
Western Highlands	10/28/05	2,701	212	7.8%	212	100.0%	★★	1/20/06	3,237	349	10.8%	349	100.0%	★★																
Wilson-Greene	Subject to Performance Agreement							Subject to Performance Agreement																						

Number and Pct of LMEs that met the Best Practice Standard:	22 (88%)	23 (92%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard:	3 (12%)	2 (8%)	0 (0%)	0 (0%)
Total	25 (100%)	25 (100%)	0 (0%)	0 (0%)

Notes:
1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	1/20/06	1,462	47	3.2%	47	100.0%	★★	0	0.0%	0	0.0%	100.0%
Albemarle	1/19/06	1,227	160	13.0%	131	81.9%		9	5.6%	17	10.6%	98.1%
Catawba	1/13/06	1,812	11	0.6%	8	72.7%		1	9.1%	2	18.2%	100.0%
CenterPoint	1/13/06	3,637	0	0.0%								
Crossroads	1/9/06	1,818	289	15.9%	272	94.1%	★	8	2.8%	7	2.4%	99.3%
Cumberland	1/19/06	1,207	79	6.5%	57	72.2%		15	19.0%	7	8.9%	100.0%
Durham	1/19/06	1,325	423	31.9%	381	90.1%	★	0	0.0%	41	9.7%	99.8%
Eastpointe	1/20/06	1,043	29	2.8%	29	100.0%	★★	0	0.0%	0	0.0%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	1/20/06	1,864	119	6.4%	116	97.5%	★	1	0.8%	2	1.7%	100.0%
Foothills	2/3/06	1,786	165	9.2%	165	100.0%	★★	0	0.0%	0	0.0%	100.0%
Guilford	1/10/06	6,225	10	0.2%	10	100.0%	★★	0	0.0%	0	0.0%	100.0%
Johnston	1/20/06	604	3	0.5%	3	100.0%	★★	0	0.0%	0	0.0%	100.0%
Mecklenburg	1/17/06	1,138	0	0.0%								
Neuse	1/20/06	940	172	18.3%	172	100.0%	★★	0	0.0%	0	0.0%	100.0%
New River	1/17/06	2,941	620	21.1%	613	98.9%	★	3	0.5%	4	0.6%	100.0%
Onslow-Carteret	1/19/06	1,487	710	47.7%	702	98.9%	★	2	0.3%	6	0.8%	100.0%
Orange-Person-Chatham	1/18/06	785	83	10.6%	82	98.8%	★	1	1.2%	0	0.0%	100.0%
Pathways	1/20/06	1,894	367	19.4%	326	88.8%	★	25	6.8%	13	3.5%	99.2%
Pitt	1/20/06	597	47	7.9%	33	70.2%		7	14.9%	7	14.9%	100.0%
Roanoke-Chowan	Subject to Performance Agreement											
Sandhills Center	1/20/06	2,694	347	12.9%	324	93.4%	★	6	1.7%	17	4.9%	100.0%
Smoky Mountain	2/1/06	1,487	257	17.3%	190	73.9%			0.0%	67	26.1%	100.0%
Southeastern Center	1/17/06	1,123	212	18.9%	205	96.7%	★	2	0.9%	5	2.4%	100.0%
Southeastern Regional	1/19/06	1,260	122	9.7%	108	88.5%	★	1	0.8%	0	0.0%	89.3%
Tideland	Subject to Performance Agreement											
Wake	1/20/06	1,857	323	17.4%	297	92.0%	★	19	5.9%	7	2.2%	100.0%
Western Highlands	1/20/06	3,237	271	8.4%	197	72.7%		3	1.1%	38	14.0%	87.8%
Wilson-Greene	Subject to Performance Agreement											
Total		45,450	4,866	10.7%	4,468	91.8%	★	103	2.1%	240	4.9%	98.9%

Number and Pct of LMEs that met the Best Practice Standard:

6 (26.1%)

Number and Pct of LMEs that met the SFY 2006 Standard:

11 (47.8%)

Total

17 (73.9%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- If the number of persons determined to need this level of care equals "0", the performance standard will not apply and the "Met Std" will be grayed out.

2005 - 2006 Performance Contract
Second Quarter Report
October 1, 2005 - December 31, 2005

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Area Authority/ County Program	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter							
	Date Report Rec'd¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			Date Report Rec'd¹	# Persons Requesting Services	Determined to Need Urgent		Provided Within 48 Hours			
			#	%	#	%	Met Std²			#	%	#	%	Met Std²			#	%	#	%	Met Std²			#	%	Met Std²			
Alamance-Caswell-Rockingham	10/28/05	1,448	40	2.8%	37	92.5%	★	1/20/06	1,462	47	3.2%	47	100.0%	★★															
Albemarle	10/20/05	1,300	328	25.2%	298	90.9%	★	1/19/06	1,227	160	13.0%	131	81.9%																
Catawba	10/18/05	1,783	25	1.4%	24	96.0%	★	1/13/06	1,812	11	0.6%	8	72.7%																
CenterPoint	10/14/05	3,525	130	3.7%	NR³	0.0%		1/13/06	3,637	0	0.0%																		
Crossroads	10/10/05	2,002	114	5.7%	107	93.9%	★	1/9/06	1,818	289	15.9%	272	94.1%	★															
Cumberland	10/20/05	1,584	105	6.6%	87	82.9%		1/19/06	1,207	79	6.5%	57	72.2%																
Durham	10/20/05	1,565	499	31.9%	498	99.8%	★	1/19/06	1,325	423	31.9%	381	90.1%	★															
Eastpointe	10/25/05	1,231	25	2.0%	25	100.0%	★★	1/20/06	1,043	29	2.8%	29	100.0%	★★															
Edgecombe-Nash	Subject to Performance Agreement							Subject to Performance Agreement																					
Five County	10/19/05	1,559	132	8.5%	115	87.1%	★	1/20/06	1,864	119	6.4%	116	97.5%	★															
Foothills	10/20/05	2,629	196	7.5%	196	100.0%	★★	2/3/06	1,786	165	9.2%	165	100.0%	★★															
Guilford	10/11/05	6,270	27	0.4%	23	85.2%	★	1/10/06	6,225	10	0.2%	10	100.0%	★★															
Johnston	10/20/05	492	7	1.4%	7	100.0%	★★	1/20/06	604	3	0.5%	3	100.0%	★★															
Mecklenburg	10/13/05	1,587	6	0.4%	6	100.0%	★★	1/17/06	1,138	0	0.0%																		
Neuse	10/18/05	959	99	10.3%	96	97.0%	★	1/20/06	940	172	18.3%	172	100.0%	★★															
New River	10/19/05	3,815	715	18.7%	711	99.4%	★	1/17/06	2,941	620	21.1%	613	98.9%	★															
Onslow-Carteret	10/20/05	1,511	755	50.0%	747	98.9%	★	1/19/06	1,487	710	47.7%	702	98.9%	★															
Orange-Person-Chatham	10/13/05	561	23	4.1%	17	73.9%		1/18/06	785	83	10.6%	82	98.8%	★															
Pathways	10/20/05	2,184	391	17.9%	373	95.4%	★	1/20/06	1,894	367	19.4%	326	88.8%	★															
Pitt	10/20/05	631	66	10.5%	41	62.1%		1/20/06	597	47	7.9%	33	70.2%																
Roanoke-Chowan	Subject to Performance Agreement							Subject to Performance Agreement																					
Sandhills Center	10/20/05	3,118	466	14.9%	409	87.8%	★	1/20/06	2,694	347	12.9%	324	93.4%	★															
Smoky Mountain	10/12/05	870	270	31.0%	198	73.3%		2/1/06	1,487	257	17.3%	190	73.9%																
Southeastern Center	10/14/05	1,640	340	20.7%	317	93.2%	★	1/17/06	1,123	212	18.9%	205	96.7%	★															
Southeastern Regional	10/21/05	1,148	192	16.7%	81	42.2%		1/19/06	1,260	122	9.7%	108	88.5%	★															
Tideland	Subject to Performance Agreement							Subject to Performance Agreement																					
Wake	10/20/05	2,396	353	14.7%	325	92.1%	★	1/20/06	1,857	323	17.4%	297	92.0%	★															
Western Highlands	10/28/05	2,701	247	9.1%	175	70.9%		1/20/06	3,237	271	8.4%	197	72.7%																
Wilson-Greene	Subject to Performance Agreement							Subject to Performance Agreement																					

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard: 4 (16%)

6 (26.1%)

0 (0%)

0 (0%)

Number and Pct of Area Authorities/County Programs that met the SFY 2006 Standard: 14 (56%)

11 (47.8%)

0 (0%)

0 (0%)

Total 18 (72%)

17 (73.9%)

0 (0%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. NR = Not reported.

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Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: **100%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2006 Standard: **85%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Routine Care								% Provided Access Including Declined + No Show	
			Determined To Need		Provided Within 7 Days			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons		% Persons Determined To Need
Alamance-Caswell-Rockingham	1/20/06	1,462	1,080	73.9%	940	87.0%	★	32	3.0%	108	10.0%	100.0%
Albemarle	1/19/06	1,227	1,035	84.4%	615	59.4%		92	8.9%	147	14.2%	82.5%
Catawba	1/13/06	1,812	1,070	59.1%	552	51.6%		139	13.0%	277	25.9%	90.5%
CenterPoint	1/13/06	3,637	2,951	81.1%	Not Reported	0.0%		Not Reported	0.0%	Not Reported	0.0%	0.0%
Crossroads	1/9/06	1,818	1,101	60.6%	634	57.6%		56	5.1%	41	3.7%	66.4%
Cumberland	1/19/06	1,207	887	73.5%	485	54.7%		145	16.3%	246	27.7%	98.8%
Durham	1/19/06	1,325	702	53.0%	316	45.0%		108	15.4%	235	33.5%	93.9%
Eastpointe	1/20/06	1,043	871	83.5%	617	70.8%		0	0.0%	0	0.0%	70.8%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	1/20/06	1,864	1,155	62.0%	717	62.1%		111	9.6%	198	17.1%	88.8%
Foothills	2/3/06	1,786	1,312	73.5%	778	59.3%		294	22.4%	240	18.3%	100.0%
Guilford	1/10/06	6,225	1,242	20.0%	994	80.0%		103	8.3%	145	11.7%	100.0%
Johnston	1/20/06	604	498	82.5%	265	53.2%		40	8.0%	129	25.9%	87.1%
Mecklenburg	1/17/06	1,138	1,105	97.1%	1,015	91.9%	★	22	2.0%	21	1.9%	95.7%
Neuse	1/20/06	940	394	41.9%	394	100.0%	★★	0	0.0%	0	0.0%	100.0%
New River	1/17/06	2,941	1,678	57.1%	1,292	77.0%		152	9.1%	234	13.9%	100.0%
Onslow-Carteret	1/19/06	1,487	605	40.7%	567	93.7%	★	2	0.3%	36	6.0%	100.0%
Orange-Person-Chatham	1/18/06	785	573	73.0%	407	71.0%		49	8.6%	117	20.4%	100.0%
Pathways	1/20/06	1,894	686	36.2%	589	85.9%	★	28	4.1%	32	4.7%	94.6%
Pitt	1/20/06	597	466	78.1%	305	65.5%		28	6.0%	133	28.5%	100.0%
Roanoke-Chowan	Subject to Performance Agreement											
Sandhills Center	1/20/06	2,694	1,806	67.0%	1,228	68.0%		142	7.9%	436	24.1%	100.0%
Smoky Mountain	2/1/06	1,487	960	64.6%	434	45.2%		0	0.0%	526	54.8%	100.0%
Southeastern Center	1/17/06	1,123	790	70.3%	605	76.6%		20	2.5%	140	17.7%	96.8%
Southeastern Regional	1/19/06	1,260	1,094	86.8%	966	88.3%	★	4	0.4%	30	2.7%	91.4%
Tideland	Subject to Performance Agreement											
Wake	1/20/06	1,857	1,122	60.4%	784	69.9%		48	4.3%	45	4.0%	78.2%
Western Highlands	1/20/06	3,237	2,600	80.3%	1,588	61.1%		77	3.0%	880	33.8%	97.9%
Wilson-Greene	Subject to Performance Agreement											
Total		45,450	27,783	61.1%	17,087	61.5%		1,692	6.1%	4,396	15.8%	83.4%

Number and Pct of LMEs that met the Best Practice Standard:

1 (4%)

Number and Pct of LMEs that met the SFY 2006 Standard:

5 (20%)

Total

6 (24%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Access, Triage and Referral.
1.2.3. Access to Routine Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Area Authority/ County Program	1st Quarter							2nd Quarter							3rd Quarter							4th Quarter						
	Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days			Date Report Rec'd ¹	# Persons Requesting Services	Determined to Need Routine		Provided Within 7 Days		
			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²			#	%	#	%	Met Std ²
Alamance-Caswell-Rockingham	10/28/05	1,448	1,063	73.4%	1,042	98.0%	★	1/20/06	1,462	1,080	73.9%	940	87.0%	★														
Albemarle	10/20/05	1,300	911	70.1%	542	59.5%		1/19/06	1,227	1,035	84.4%	615	59.4%															
Catawba	10/18/05	1,783	1,037	58.2%	538	51.9%		1/13/06	1,812	1,070	59.1%	552	51.6%															
CenterPoint	10/14/05	3,525	2,816	79.9%	NR ³	0.0%		1/13/06	3,637	2,951	81.1%	NR ³	0.0%															
Crossroads	10/10/05	2,002	1,339	66.9%	798	59.6%		1/9/06	1,818	1,101	60.6%	634	57.6%															
Cumberland	10/20/05	1,584	1,098	69.3%	558	50.8%		1/19/06	1,207	887	73.5%	485	54.7%															
Durham	10/20/05	1,565	853	54.5%	385	45.1%		1/19/06	1,325	702	53.0%	316	45.0%															
Eastpointe	10/25/05	1,231	1,051	85.4%	592	56.3%		1/20/06	1,043	871	83.5%	617	70.8%															
Edgecombe-Nash	Subject to Performance Agreement							Subject to Performance Agreement																				
Five County	10/19/05	1,559	995	63.8%	524	52.7%		1/20/06	1,864	1,155	62.0%	717	62.1%															
Foothills	10/20/05	2,629	2,038	77.5%	1,445	70.9%		2/3/06	1,786	1,312	73.5%	778	59.3%															
Guilford	10/11/05	6,270	1,620	25.8%	1,217	75.1%		1/10/06	6,225	1,242	20.0%	994	80.0%															
Johnston	10/20/05	492	483	98.2%	123	25.5%		1/20/06	604	498	82.5%	265	53.2%															
Mecklenburg	10/13/05	1,587	1,340	84.4%	1,220	91.0%	★	1/17/06	1,138	1,105	97.1%	1,015	91.9%	★														
Neuse	10/18/05	959	551	57.5%	471	85.5%	★		940	394	41.9%	394	100.0%	★★														
New River	10/19/05	3,815	2,180	57.1%	1,831	84.0%		1/17/06	2,941	1,678	57.1%	1,292	77.0%															
Onslow-Carteret	10/20/05	1,511	591	39.1%	480	81.2%		1/19/06	1,487	605	40.7%	567	93.7%	★														
Orange-Person-Chatham	10/13/05	561	507	90.4%	329	64.9%		1/18/06	785	573	73.0%	407	71.0%															
Pathways	10/20/05	2,184	1,139	52.2%	1,032	90.6%	★	1/20/06	1,894	686	36.2%	589	85.9%	★														
Pitt	10/20/05	631	462	73.2%	324	70.1%		1/20/06	597	466	78.1%	305	65.5%															
Roanoke-Chowan	Subject to Performance Agreement							Subject to Performance Agreement																				
Sandhills Center	10/20/05	3,118	1,745	56.0%	1,225	70.2%		1/20/06	2,694	1,806	67.0%	1,228	68.0%															
Smoky Mountain	10/12/05	870	303	34.8%	135	44.6%		2/1/06	1,487	960	64.6%	434	45.2%															
Southeastern Center	10/14/05	1,640	1,292	78.8%	1,076	83.3%		1/17/06	1,123	790	70.3%	605	76.6%															
Southeastern Regional	10/21/05	1,148	915	79.7%	211	23.1%		1/19/06	1,260	1,094	86.8%	966	88.3%	★														
Tideland	Subject to Performance Agreement							Subject to Performance Agreement																				
Wake	10/20/05	2,396	1,084	45.2%	702	64.8%		1/20/06	1,857	1,122	60.4%	784	69.9%															
Western Highlands	10/28/05	2,701	2,107	78.0%	1,264	60.0%		1/20/06	3,237	2,600	80.3%	1,588	61.1%															
Wilson-Greene	Subject to Performance Agreement							Subject to Performance Agreement																				

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard:	0 (0%)	1 (4%)	0 (0%)	0 (0%)
Number and Pct of Area Authorities/County Programs that met the SFY 2006 Standard:	4 (16%)	5 (20%)	0 (0%)	0 (0%)
Total	4 (16%)	6 (24%)	0 (0%)	0 (0%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- NR = Not reported.

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Access, Triage and Referral.
1.2.4. Access Line

Performance Requirement: LME maintains a toll-free Access Line that is staffed 24 hours per day every day with trained personnel. Calls are answered within 6 rings. DHHS will monitor the number of rings it takes to answer the Access Line through a mystery shopper program. A minimum of 10 calls per quarter will be sampled.

Best Practice Standard: 100% of calls are answered within 6 rings.

SFY 2006 Standard: 85% of calls are answered within 6 rings.

Local Management Entity	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹
		#	% ²			#	% ²			#	% ²			#	% ²	
Alamance-Caswell-Rockingham	10	10	100.0%	★★	10	8	80.0%									
Albemarle	10	10	100.0%	★★	10	10	100.0%	★★								
Catawba	10	8	80.0%		10	8	80.0%									
CenterPoint	10	9	90.0%	★	10	10	100.0%	★★								
Crossroads	10	9	90.0%	★	10	10	100.0%	★★								
Cumberland	10	7	70.0%		10	10	100.0%	★★								
Durham	10	10	100.0%	★★	10	10	100.0%	★★								
Eastpointe	10	10	100.0%	★★	10	10	100.0%	★★								
Edgecombe-Nash	Subject to Performance Agreement															
Five County	10	8	80.0%		10	9	90.0%	★								
Foothills	10	10	100.0%	★★	Not monitored this quarter											
Guilford	10	10	100.0%	★★	10	10	100.0%	★★								
Johnston	10	10	100.0%	★★	10	10	100.0%	★★								
Mecklenburg	10	9	90.0%	★	10	10	100.0%	★★								
Neuse	10	10	100.0%	★★	10	10	100.0%	★★								
New River	10	10	100.0%	★★	Not monitored this quarter											
Onslow-Carteret	10	10	100.0%	★★	10	10	100.0%	★★								
Orange-Person-Chatham	10	10	100.0%	★★	10	10	100.0%	★★								
Pathways	10	9	90.0%	★	10	10	100.0%	★★								
Pitt	10	10	100.0%	★★	10	10	100.0%	★★								
Roanoke-Chowan	Subject to Performance Agreement															
Sandhills Center	10	10	100.0%	★★	10	9	90.0%	★								
Smoky Mountain	10	10	100.0%	★★	Not monitored this quarter											
Southeastern Center	10	7	70.0%		10	10	100.0%	★★								
Southeastern Regional	10	7	70.0%		10	9	90.0%	★								
Tideland	Subject to Performance Agreement															
Wake	10	10	100.0%	★★	10	10	100.0%	★★								
Western Highlands	10	10	100.0%	★★	Not monitored this quarter											
Wilson-Greene	Subject to Performance Agreement															

Number and Pct of LMEs that met the Best Practice Standard:	18 (72%)	16 (64%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard:	4 (16%)	3 (12%)	0 (0%)	0 (0%)
Total	22 (88%)	19 (76%)	0 (0%)	0 (0%)

Notes:

- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- Percents less than 85% are shaded.

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Service Management.
1.3.1. Choice of Providers

Performance Requirement: The LME shall develop a system by December 31, 2004 to ensure and to allow DHHS to verify that all eligible persons that request service receive the information necessary to make an informed selection of service providers.

Best Practice Standard: The system is developed and in place, allows verification of choice, and is operational by December 31, 2004.

SFY 2006 Standard: The system is developed and in place and allows verification of choice by December 31, 2004.

Local Management Entity	System is developed and in place by 12/31/04	System allows verification of choice	System is operational by 12/31/04	Standard Met ¹
Alamance-Caswell-Rockingham				
Albemarle				
Catawba				
CenterPoint				
Crossroads				
Cumberland				
Durham				
Eastpointe				
Edgecombe-Nash	Subject to Performance Agreement			
Five County				
Foothills				
Guilford				
Johnston				
Mecklenburg				
Neuse				
New River				
Onslow-Carteret				
Orange-Person-Chatham				
Pathways				
Pitt				
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center				
Smoky Mountain				
Southeastern Center				
Southeastern Regional				
Tideland	Subject to Performance Agreement			
Wake				
Western Highlands				
Wilson-Greene	Subject to Performance Agreement			

Audit results will be provided in the third quarter after all appeals have been resolved and the reports have been finalized.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Service Management.
1.3.2. Discharge Planning and 1.3.3. Follow-Up For Persons In State Operated Services

Performance Requirement: The LME or its agent collaborates with State-Operated Facilities in the development of discharge plans where the LME authorized the inpatient services and the State-Operated Facility notified the LME of its intention to discharge. The LME works with consumers to determine the consumer's appropriate choice of provider and makes an appointment for follow-up care with the chosen provider, after notification by the State-Operated Facility that the consumer will be discharged, to allow the consumer to be seen within 5 workdays following discharge. If the consumer does not attend the appointment, the LME documents and makes reasonable professional efforts to contact the consumer and reschedule care. DHHS will review a random sample of records for up to 20 individuals that were discharged from State-Operated Facilities where the LME authorized the inpatient services and the State-Operated Facility notified the LME of the discharge in time to participate in discharge planning or to make the follow-up appointment.

Best Practice Standard: 100% of cases reviewed show documentation of LME involvement in discharge planning and are seen by a provider of the consumer's choice within 5 workdays following discharge or meet exception criteria demonstrating that reasonable professional effort was made to see or reschedule the consumer if the consumer did not show up for the appointment.

SFY 2006 Standard: 85% of cases reviewed show documentation of LME involvement in discharge planning and are seen by a provider of the consumer's choice within 5 workdays following discharge or meet exception criteria demonstrating that reasonable professional effort was made to see or reschedule the consumer if the consumer did not show up for the appointment.

Local Management Entity	Involvement In Discharge Planning				Follow-Up Appointment Made				
	# Cases Reviewed	Demonstrated Involvement		Standard Met ²	# Cases Reviewed	# Seen Within 5 Days	# Met Exception Criteria	% Compliance ¹	Standard Met ²
		#	% ¹						
Alamance-Caswell-Rockingham									
Albemarle									
Catawba									
CenterPoint									
Crossroads									
Cumberland									
Durham									
Eastpointe									
Edgecombe-Nash	Subject to Performance Agreement								
Five County									
Foothills									
Guilford									
Johnston									
Mecklenburg									
Neuse									
New River									
Onslow-Carteret									
Orange-Person-Chatham									
Pathways									
Pitt									
Roanoke-Chowan	Subject to Performance Agreement								
Sandhills Center									
Smoky Mountain									
Southeastern Center									
Southeastern Regional									
Tideland	Subject to Performance Agreement								
Wake									
Western Highlands									
Wilson-Greene	Subject to Performance Agreement								

Audit results for both measures will be provided in the third quarter after all appeals have been resolved and the reports have been finalized.

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard:	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)

Notes:

- Percentages below 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Service Management.
1.3.4. Compliance With Diversion Law NCGS 122C-261(f)

Performance Requirement: The LME grants an exception to the Diversion Law for admission to a State-operated psychiatric hospital for consumers with mental retardation only when the consumer meets exception criteria and efforts have been made to secure admission at three appropriate non-State facilities. DHHS will annually review a random sample of up to 20 cases of persons with MR admitted to State-operated psychiatric hospitals to verify that the consumer met exception criteria and the LME contacted at least three appropriate facilities in an attempt to secure admission.

Best Practice Standard: 100% of cases reviewed met the exception criteria and 3 facilities were contacted.

SFY 2006 Standard: 85% of cases reviewed met the exception criteria and 3 facilities were contacted.

Local Management Entity	# Cases Reviewed	# That Met Exception Criteria	# With 3 Facilities Contacted	# That Met Both Requirements	% That Met Both Requirements ¹	Standard Met ²
Alamance-Caswell-Rockingham						
Albemarle						
Catawba						
CenterPoint						
Crossroads						
Cumberland						
Durham						
Eastpointe						
Edgecombe-Nash	Subject to Performance					
Five County						
Foothills						
Guilford						
Johnston						
Mecklenburg						
Neuse						
New River						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
Pitt						
Roanoke-Chowan	Subject to Performance					
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Tideland	Subject to Performance					
Wake						
Western Highlands						
Wilson-Greene	Subject to Performance					

Audit results will be provided in the third quarter after all appeals have been resolved and the reports have been finalized.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages below 85% are shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2006 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²
YTD Straight-line Percentage:	50%				50%				50%				50%			
Alamance-Caswell-Rockingham	6,352	1,905	30.0%		5,605	436	7.8%		2,021	904	44.7%		2,024	552	27.3%	
Albemarle	1,749	741	42.4%		3,202	715	22.3%		338	186	55.0%		373	97	26.0%	
Catawba	1,160	863	74.4%		1,159	713	61.5%		472	53	11.2%		267	79	29.6%	
CenterPoint	7,251	3,960	54.6%		7,717	2,307	29.9%		1,448	686	47.4%		1,052	772	73.4%	
Crossroads	4,180	1,792	42.9%		2,441	773	31.7%		1,041	420	40.3%		350	745	212.9%	
Cumberland	3,506	1,559	44.5%		2,090	2,101	100.5%		591	420	71.1%		681	291	42.7%	
Durham	7,611	2,208	29.0%		7,682	1,733	22.6%		3,142	966	30.7%		1,259	875	69.5%	
Eastpointe	7,044	3,129	44.4%		11,500	3,452	30.0%		833	639	76.7%		2,156	764	35.4%	
Edgecombe-Nash	Subject to Performance Agreement															
Five County	3,735	1,798	48.1%		3,107	1,052	33.9%		1,472	575	39.1%		907	740	81.6%	
Foothills	5,871	2,052	35.0%		3,631	969	26.7%		2,405	754	31.4%		1,442	1,048	72.7%	
Guilford	10,043	3,082	30.7%		7,749	2,017	26.0%		2,184	913	41.8%		1,266	641	50.6%	
Johnston	1,251	472	37.7%		389	939	241.4%		1,436	695	48.4%		443	19	4.3%	
Mecklenburg	5,065	3,248	64.1%		6,881	2,630	38.2%		567	719	126.8%		1,070	605	56.5%	
Neuse	2,146	1,164	54.2%		5,230	1,270	24.3%		515	338	65.6%		485	163	33.6%	
New River	3,351	1,460	43.6%		2,347	994	42.4%		855	132	15.4%		617	263	42.6%	
Onslow-Carteret	3,378	856	25.3%		5,205	1,961	37.7%		712	439	61.7%		420	285	67.9%	
Orange-Person-Chatham	4,090	1,416	34.6%		3,545	843	23.8%		1,413	1,201	85.0%		792	989	124.9%	
Pathways	6,918	2,685	38.8%		3,318	2,046	61.7%		929	359	38.6%		937	440	47.0%	
Pitt	2,917	869	29.8%		4,910	1,663	33.9%		409	352	86.1%		412	39	9.5%	
Roanoke-Chowan	Subject to Performance Agreement															
Sandhills Center	6,920	2,517	36.4%		3,806	985	25.9%		3,289	1,570	47.7%		1,599	493	30.8%	
Smoky Mountain	3,794	1,231	32.4%		2,288	526	23.0%		927	681	73.5%		507	596	117.6%	
Southeastern Center	4,291	2,398	55.9%		8,977	2,495	27.8%		858	585	68.2%		530	444	83.8%	
Southeastern Regional	2,713	928	34.2%		1,490	536	36.0%		1,002	625	62.4%		733	487	66.4%	
Tideland	Subject to Performance Agreement															
Wake	12,542	6,577	52.4%		7,794	3,925	50.4%		5,449	2,709	49.7%		3,618	1,887	52.2%	
Western Highlands	12,107	4,963	41.0%		7,436	4,345	58.4%		2,480	1,047	42.2%		1,324	740	55.9%	
Wilson-Greene	Subject to Performance Agreement															

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Notes:

- Percentages that exceed the annual SFY 2006 Performance Contract Standard are shaded red and in bold print. YTD straight-line percentage for the current quarter is 50%. Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange. Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- ★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

Service Management.
1.3.5. Transition To Community Services (ADATC Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2006 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Alcohol and Drug Abuse Treatment Center (ADATC) - Substance Abuse			
	Annual Allocation	YTD # Used	YTD % Used ¹ [Straight-line = 50%]	Standard Met ²
Alamance-Caswell-Rockingham	2,971	881	29.7%	
Albemarle	1,493	1,335	89.4%	
Catawba	1,167	408	35.0%	
CenterPoint	1,629	591	36.3%	
Crossroads	1,306	472	36.1%	
Cumberland	1,276	186	14.6%	
Durham	2,231	215	9.6%	
Eastpointe	2,147	792	36.9%	
Edgecombe-Nash	Subject to Performance Agreement			
Five County	1,494	617	41.3%	
Foothills	2,179	1,281	58.8%	
Guilford	2,754	628	22.8%	
Johnston	725	88	12.1%	
Mecklenburg	6,016	2,025	33.7%	
Neuse	748	257	34.4%	
New River	1,253	984	78.5%	
Onslow-Carteret	2,144	737	34.4%	
Orange-Person-Chatham	2,335	591	25.3%	
Pathways	2,087	704	33.7%	
Pitt	1,635	864	52.8%	
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center	3,971	1,267	31.9%	
Smoky Mountain	1,723	898	52.1%	
Southeastern Center	4,073	1,474	36.2%	
Southeastern Regional	1,606	197	12.3%	
Tideland	Subject to Performance Agreement			
Wake	2,455	143	5.8%	
Western Highlands	5,213	2,196	42.1%	
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

- Percentages that exceed the annual SFY 2006 Performance Contract Standard are shaded and in bold print. YTD straight-line percentage for the current quarter is 50%. Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange. Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- ★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

Provider Relations And Support.
1.4.2. SB 163 Provider Monitoring

Performance Requirement: The LME develops Provider Monitoring policies and procedures and monitors providers in its catchment area in accordance with SL 2002-164, 10A NCAC 27G .0600, and its written policies and procedures. The LME shall submit monthly Provider Monitoring Reports to DHHS summarizing its monitoring activities. These reports shall be reviewed to ensure that identified issues are being followed-up and resolved or referred to DHHS in a timely manner. DHHS shall annually review the LME's written policies and procedures (P&Ps) to ensure that all required elements are addressed and shall review the LME's implementation of its P&Ps.

Best Practice Standard: Policies and procedures are developed, contain all required elements, and are implemented. **100%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

SFY 2006 Standard: Policies and procedures are developed, contain all required elements, and are implemented. **85%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

Local Management Entity	# of Providers Monitored	# of Providers With Issues	# With Issues Addressed ¹ Within Timelines	# With Issues Referred to DHHS	% Addressed or Referred ²	Standard Met ³	P&Ps Contain All Required Elements	P&Ps Satisfactorily Implemented	Standard Met ³
Alamance-Caswell-Rockingham	15	9	8	1	100.0%	★★			
Albemarle	7	1	1		100.0%	★★			
Catawba	24	24	24		100.0%	★★			
CenterPoint	41	29	28		96.6%	★			
Crossroads	21	9	4		44.4%				
Cumberland	57	51	47		92.2%	★			
Durham	15	5	4	1	100.0%	★★			
Eastpointe	17	16	13	2	93.8%	★			
Edgecombe-Nash		Subject to Performance Agreement							
Five County	12	10	10		100.0%	★★			
Foothills	8	1	1		100.0%	★★			
Guilford	14	12	9	3	100.0%	★★			
Johnston	5	5	5		100.0%	★★			
Mecklenburg	63	60	60		100.0%	★★			
Neuse	26	14	11	3	100.0%	★★			
New River	6	6	6		100.0%	★★			
Onslow-Carteret	36	5	5		100.0%	★★			
Orange-Person-Chatham	5	5	5		100.0%	★★			
Pathways	53	51	51		100.0%	★★			
Pitt	22	11	11		100.0%	★★			
Roanoke-Chowan		Subject to Performance Agreement							
Sandhills Center	48	47	36	1	78.7%				
Smoky Mountain	5	5	4	1	100.0%	★★			
Southeastern Center	17	16	12		75.0%				
Southeastern Regional	39	31	31		100.0%	★★			
Tideland		Subject to Performance Agreement							
Wake	3	3	3		100.0%	★★			
Western Highlands	13	11	7		63.6%				
Wilson-Greene		Subject to Performance Agreement							

Audit results will be provided in the third quarter after all appeals have been resolved and the reports have been finalized.

Number and Pct of LMEs that met the Best Practice Standard:

18 (72%)

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

3 (12%)

0 (0%)

Total

21 (84%)

0 (0%)

Notes:

- "Addressed" means that as of the date of the monthly monitoring report (4 months following the monitoring visit), either the issues have been resolved, or improvement plans have been implemented and the LME is working with the provider to ensure that improvements are sustained.
- Percentages below 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Second Quarter Report
October 1, 2005 - December 31, 2005

Customer Services And Consumer Rights.
1.5.1. Proper Notice Of Appeal Rights

Performance Requirement: The LME provides Medicaid-eligible consumers proper notice of appeal rights in accordance with federal and NC DHHS requirements when services are denied, suspended, terminated, or reduced. DHHS will annually review a random sample of Medicaid-eligible consumers who had services denied, suspended, terminated, or reduced to determine if proper notice of appeal rights was provided.

Best Practice Standard: 100% of cases reviewed received proper notice of appeal rights.

SFY 2006 Standard: 95% of cases reviewed received proper notice of appeal rights.

Local Management Entity	# Cases Reviewed	# Received Proper Notice	% Received Proper Notice ¹	Standard Met ²
Alamance-Caswell-Rockingham				
Albemarle				
Catawba				
CenterPoint				
Crossroads				
Cumberland				
Durham				
Eastpointe				
Edgecombe-Nash	Subject to Performance Agreement			
Five County				
Foothills				
Guilford				
Johnston				
Mecklenburg				
Neuse				
New River				
Onslow-Carteret				
Orange-Person-Chatham				
Pathways				
Pitt				
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center				
Smoky Mountain				
Southeastern Center				
Southeastern Regional				
Tideland	Subject to Performance Agreement			
Wake				
Western Highlands				
Wilson-Greene	Subject to Performance Agreement			

Audit results will be provided in the third quarter after all appeals have been resolved and the reports have been finalized.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages less than 95% are shaded and in bold print.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Quality Management and Outcomes Evaluation.
1.6.2. Incident Management

Performance Requirement: The LME reviews all Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, and takes appropriate action, as needed, to prevent future incidents. DHHS will annually review a random sample of Level II and Level III incidents that were reported to determine if there was adequate response and follow-up.

Best Practice Standard: 100% of cases reviewed by DHHS indicate adequate response and follow-up.

SFY 2006 Standard: 85% of cases reviewed by DHHS indicate adequate response and follow-up.

Local Management Entity	# of Level II and III Incidents Reviewed By DHHS	# Reviewed That Show Adequate Response And Follow-Up	% Reviewed That Show Adequate Response And Follow-Up ¹	Standard Met ²
Alamance-Caswell-Rockingham				
Albemarle				
Catawba				
CenterPoint				
Crossroads				
Cumberland				
Durham				
Eastpointe				
Edgecombe-Nash	Subject to Performance Agreement			
Five County				
Foothills				
Guilford				
Johnston				
Mecklenburg				
Neuse				
New River				
Onslow-Carteret				
Orange-Person-Chatham				
Pathways				
Pitt				
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center				
Smoky Mountain				
Southeastern Center				
Southeastern Regional				
Tideland	Subject to Performance Agreement			
Wake				
Western Highlands				
Wilson-Greene	Subject to Performance Agreement			

Audit results will be provided in the third quarter after all appeals have been resolved and the reports have been finalized.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages below 85 are shaded and in bold print.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Second Quarter Report
October 1, 2005 - December 31, 2005

Quality Management and Outcomes Evaluation.
1.6.3. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) recommendations for next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports are submitted on time and show clear evidence of an effective process containing elements (1)-(5).
SFY 2006 Standard: 75% of reports identify trends, contain plans, actions and results [elements (1)-(4)] for how the LME is addressing those trends to make improvement in services.

Local Management Entity	1st Qtr Report (Due 10/20/05)		2nd Qtr Report (Due 1/20/06)		3rd Qtr Report (Due 4/20/06)		4th Qtr Report (Due 7/20/06)		Standard Met ²
	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	10/18/05	All 5	1/19/06	<4					☆
Albemarle	10/31/05	All 5	1/19/06	<4					☆
Catawba	10/19/05	All 5	1/20/06	<4					☆
CenterPoint	10/17/05	All 5	1/18/06	All 5					☆☆
Crossroads	10/20/05	All 5	1/19/06	First 4					☆
Cumberland	10/19/05	All 5	1/19/06	All 5					☆☆
Durham	10/19/05	All 5	1/19/06	<4					☆
Eastpointe	10/20/05	All 5	1/20/06	<4					☆
Edgecombe-Nash	Subject to Performance Agreement								
Five County	10/5/05	All 5	1/10/06	All 5					☆☆
Foothills	10/19/05	All 5	1/19/06	<4					☆
Guilford	10/12/05	All 5	1/11/06	<4					☆
Johnston	10/20/05	All 5	1/20/06	First 4					☆
Mecklenburg	10/19/05	All 5	1/19/06	First 4					☆
Neuse	10/17/05	All 5	1/17/06	<4					☆
New River	10/10/05	All 5	1/3/06	<4					☆
Onslow-Carteret	10/20/05	All 5	1/20/06	First 4					☆
Orange-Person-Chatham	10/13/05	All 5	1/19/06	First 4					☆
Pathways	10/20/05	All 5	1/17/06	First 4					☆
Pitt	10/14/05	All 5	1/19/06	First 4					☆
Roanoke-Chowan	Subject to Performance Agreement								
Sandhills Center	10/20/05	All 5	1/20/06	<4					☆
Smoky Mountain	10/20/05	All 5	1/20/06	<4					☆
Southeastern Center	10/21/05	All 5	1/20/06	<4					☆
Southeastern Regional	10/20/05	All 5	1/16/06	<4					☆
Tideland	Subject to Performance Agreement								
Wake	10/19/05	First 4	1/20/06	<4					
Western Highlands	10/24/05	All 5	1/20/06	<4					☆
Wilson-Greene	Subject to Performance Agreement								

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2006 Standard:

Total

3 (12%)

21 (84%)

24 (96%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.
2. The performance standard is an annual standard. Progress is reported quarterly. The Standard Met calculations give credit for meeting the first two quarters.

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

2005 - 2006 Performance Contract
Second Quarter Report
October 1, 2005 - December 31, 2005

Business Management And Accounting.
1.7.1. Claims Adjudication

Performance Requirement: The LME approves or denies service claims/provider invoices that are submitted within 60 days of service within 18 calendar days of receipt. The LME pays all "clean" claims/provider invoices billed to the LME within 60 days of service within 30 calendar days after approval. DHHS annually reviews a random sample of claims submitted to the LME.

Best Practice Standard: 95% of "clean" claims are paid within 30 calendar days after approval.

SFY 2006 Standard: 75% of "clean" claims are paid within 30 calendar days after approval.

Local Management Entity	# Claims Reviewed In Sample	# Clean Claims In Sample	# Clean Claims Paid Within 30 Days After Approval	% Clean Claims Paid Within 30 Days After Approval ¹	Standard Met ²
Alamance-Caswell-Rockingham					
Albemarle					
Catawba					
CenterPoint					
Crossroads					
Cumberland					
Durham					
Eastpointe					
Edgecombe-Nash	Subject to Performance Agreement				
Five County					
Foothills					
Guilford					
Johnston					
Mecklenburg					
Neuse					
New River					
Onslow-Carteret					
Orange-Person-Chatham					
Pathways					
Pitt					
Roanoke-Chowan	Subject to Performance Agreement				
Sandhills Center					
Smoky Mountain					
Southeastern Center					
Southeastern Regional					
Tideland	Subject to Performance Agreement				
Wake					
Western Highlands					
Wilson-Greene	Subject to Performance Agreement				

Audit results will be provided in the third quarter after all appeals have been resolved and the reports have been finalized.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages below 75% are shaded and in bold print.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/05)			2nd Qtr Report (Due 2/20/06)			3rd Qtr Report (Due 4/20/06)			4th Qtr Cash-Basis Report (Due 8/31/06)		4th Qtr Accrual- Basis Report (Due 8/31/06)		Standard Met ²
	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Date Received 1	Accurate, Complete	
Alamance-Caswell-Rockingham	10/20/05	Yes	★★											
Albemarle	10/20/05	Yes	★★											
Catawba	10/20/05	Yes	★★											
CenterPoint	10/19/05	Yes	★★											
Crossroads	10/31/05	Yes												
Cumberland	10/13/05	Yes	★★											
Durham	10/17/05	Yes	★★											
Eastpointe	10/20/05	Yes	★★											
Edgecombe-Nash	Subject to Performance Agreement													
Five County	10/19/05	Yes	★★											
Foothills	10/20/05	Yes	★★											
Guilford	10/11/05	Yes	★★											
Johnston	10/19/05	Yes	★★											
Mecklenburg	10/14/05	Yes	★★											
Neuse	10/18/05	Yes	★★											
New River	11/7/05	Yes												
Onslow-Carteret	Not Rec'd													
Orange-Person-Chatham	10/20/05	Yes	★★											
Pathways	10/19/05	Yes	★★											
Pitt	10/20/05	Yes	★★											
Roanoke-Chowan	Subject to Performance Agreement													
Sandhills Center	10/17/05	Yes	★★											
Smoky Mountain	Not Rec'd													
Southeastern Center	10/17/05	Yes	★★											
Southeastern Regional	10/18/05	Yes	★★											
Tideland	Subject to Performance Agreement													
Wake	10/20/05	Yes	★★											
Western Highlands	10/20/05	Yes	★★											
Wilson-Greene	Subject to Performance Agreement													

As 2nd Quarter reports are due
2/20/06, the results will be provided
in the 3rd quarter report.

No. and % of LMEs that met the Best Practice Standard 21 (84%) 0 (0%) 0 (0%) 0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Mid-Year Report
July 1, 2005 - December 31, 2005

Information Management, Analysis, and Reporting.
1.8.1.4. System Monitoring - SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

Best Practice Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received by the due date.

SFY 2006 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

Local Management Entity	Mid-Year Report (Due 1/20/06)			Standard Met ²	End Of Year Report (Due 7/20/06)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity		Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell-Rockingham	1/20/06	Yes	Yes	★★				
Albemarle	1/18/06	Yes	Yes	★★				
Catawba	1/20/06	Yes	Yes	★★				
CenterPoint	1/30/06	Yes	Yes	★				
Crossroads	1/20/06	Yes	Yes	★★				
Cumberland	1/20/06	Yes	Yes	★★				
Durham	1/20/06	Yes	No					
Eastpointe	1/20/06	Yes	Yes	★★				
Edgecombe-Nash	Subject to Performance Agreement							
Five County	1/20/06	Yes	Yes	★★				
Foothills	1/20/06	Yes	Yes	★★				
Guilford	1/18/06	Yes	Yes	★★				
Johnston	1/18/06	Yes	Yes	★★				
Mecklenburg	1/20/06	Yes	Yes	★★				
Neuse	1/17/06	Yes	Yes	★★				
New River	1/20/06	Yes	No					
Onslow-Carteret	1/20/06	Yes	Yes	★★				
Orange-Person-Chatham	1/20/06	Yes	Yes	★★				
Pathways	1/24/06	Yes	No					
Pitt	1/20/06	Yes	Yes	★★				
Roanoke-Chowan	Subject to Performance Agreement							
Sandhills Center	1/20/06	Yes	Yes	★★				
Smoky Mountain	1/20/06	Yes	Yes	★★				
Southeastern Center	1/20/06	Yes	Yes	★★				
Southeastern Regional	1/20/06	Yes	Yes	★★				
Tideland	Subject to Performance Agreement							
Wake	1/17/06	Yes	Yes	★★				
Western Highlands	2/1/06	Yes	Yes					
Wilson-Greene	Subject to Performance Agreement							

Number and Pct of LMEs that met the Best Practice Standard:

20 (80%)

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

1 (4%)

0 (0%)

Total

21 (84%)

0 (0%)

Notes:

- Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the SFY2005 Standard.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Reports (Due 10/20/05)							2nd Qtr Reports (Due 1/20/06)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			10/10/05	Yes			★★			1/20/06	Yes			★★
Albemarle					10/20/05	Yes	★★					1/17/06	Yes	★★
Catawba														
CenterPoint	10/17/05	Yes	10/17/05	Yes			★★	1/17/06	Yes	No	No			
Crossroads														
Cumberland	10/4/05	Yes	10/11/05	Yes			★★	No	No	1/20/06	Yes			
Durham	No	No	10/20/05	Yes				1/20/06	Yes	1/20/06	Yes			★★
Eastpointe			N/A 1st Quarter		10/5/05	Yes	★★			No	No	No	No	
Edgecombe-Nash					Subject to Performance Agreement							Subject to Performance Agreement		
Five County			N/A 1st Quarter							1/17/06	Yes			★★
Foothills	10/17/05	Yes					★★	1/20/06	Yes					★★
Guilford	10/3/05	Yes	10/20/05	Yes			★★	1/20/06	Yes	1/20/06	Yes			★★
Johnston														
Mecklenburg	10/13/05	Yes					★★	No	No					
Neuse			10/20/05	Yes	10/18/05	Yes	★★			1/19/06	Yes	1/19/06	Yes	★★
New River														
Onslow-Carteret														
Orange-Person-Chatham														
Pathways	10/20/05	Yes					★★	1/20/06	Yes					★★
Pitt	10/13/05	Yes	10/13/05	Yes			★★	1/20/06	Yes	1/20/06	Yes			★★
Roanoke-Chowan					Subject to Performance Agreement							Subject to Performance Agreement		
Sandhills Center	11/8/05	Yes	10/18/05	Yes				1/10/06	Yes	1/10/06	Yes			★★
Smoky Mountain														
Southeastern Center	10/20/05	Yes					★★	1/20/06	Yes					★★
Southeastern Regional					10/3/05	Yes	★★					No	No	
Tideland			10/19/05	Yes	Subject to Performance Agreement					1/20/06	Yes	Subject to Performance Agreement		
Wake	10/20/05	Yes	10/20/05	Yes			★★	1/17/06	Yes	1/17/06	Yes			★★
Western Highlands			N/A 1st Quarter					1/20/06	Yes	1/20/06	Yes			★★
Wilson-Greene					Subject to Performance Agreement							Subject to Performance Agreement		

Met the Best Practice Standard:

Met the SFY2006 Standard:

Total

15 (88.2%)

0 (0%)

15 (88.2%)

14 (77.8%)

0 (0%)

14 (77.8%)

Notes:

1. Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the Current SFY Standard.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/05)		2nd Qtr Report (Due 1/20/06)		3rd Qtr Report (Due 4/20/06)		4th Qtr Report (Due 7/20/06)		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	10/14/05	Yes	1/18/06	Yes					☆☆
Albemarle	10/20/05	Yes	1/20/06	Yes					☆☆
Catawba	10/26/05	Yes	2/15/06	Yes					
CenterPoint	10/13/05	Yes	1/11/06	Yes					☆☆
Crossroads	10/20/05	Yes	1/12/06	Yes					☆☆
Cumberland	10/20/05	Yes	1/9/06	Yes					☆☆
Durham	10/20/05	Yes	1/20/06	Yes					☆☆
Eastpointe	10/12/05	Yes	1/9/06	Yes					☆☆
Edgecombe-Nash	Subject to Performance Agreement								
Five County	10/27/05	Yes	1/20/06	Yes					☆
Foothills	10/20/05	Yes	1/10/06	Yes					☆☆
Guilford	10/12/05	Yes	1/13/06	Yes					☆☆
Johnston	10/24/05	Yes	1/10/06	Yes					☆
Mecklenburg	10/20/05	Yes	1/25/06	Yes					☆
Neuse	10/19/05	Yes	1/19/06	Yes					☆☆
New River	10/20/05	Yes	Not Rec'd	No					
Onslow-Carteret	10/20/05	Yes	1/19/06	Yes					☆☆
Orange-Person-Chatham	10/20/05	Yes	1/20/06	Yes					☆☆
Pathways	10/13/05	Yes	1/13/06	Yes					☆☆
Pitt	10/14/05	Yes	1/11/06	Yes					☆☆
Roanoke-Chowan	Subject to Performance Agreement								
Sandhills Center	10/19/05	Yes	1/19/06	Yes					☆☆
Smoky Mountain	10/19/05	Yes	1/23/06	Yes					☆
Southeastern Center	10/21/05	Yes	1/25/06	Yes					
Southeastern Regional	10/18/05	Yes	1/20/06	Yes					☆☆
Tideland	Subject to Performance Agreement								
Wake	10/27/05	Yes	1/20/06	Yes					☆
Western Highlands	10/10/05	Yes	1/27/06	Yes					☆
Wilson-Greene	Subject to Performance Agreement								

Number and Pct of LMEs that met the Best Practice Standard:

16 (64%)

Number and Pct of LMEs that met the SFY 2006 Standard:

6 (24%)

Total

22 (88%)

Notes:

- Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the SFY2005 Standard.
- The performance standard is an annual standard. Progress is reported quarterly.

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of January 31, 2006.

Local Management Entity	Facility Code	OCT	NOV	DEC	Second Quarter Adm SFY2006	Second Quarter Adm SFY2005	Monthly Average SFY2006	Monthly Average SFY2005
Alamance-Caswell-Rockingham	23051	154	108	64	326	309	109	103
Albemarle	43121	82	91	96	269	364	90	121
Catawba	13091	187	168	114	469	245	156	82
CenterPoint	23021	220	159	119	498	1,019	166	340
CrossRoads	23011	145	85	42	272	728	91	243
Cumberland	33051	334	288	327	949	815	316	272
Durham	23071	275	222	178	675	413	225	138
Eastpointe	43081	139	100	21	260	624	87	208
Edgecombe-Nash	43051	Subject to Performance Agreement						
Five County	23081	211	216	129	556	355	185	118
Foothills	13051	128	93	46	267	325	89	108
Guilford	23041	299	248	169	716	935	239	312
Johnston	33071	156	145	139	440	444	147	148
Mecklenburg	13102	94	152	191	437	1,270	146	423
Neuse	43071	85	73	54	212	223	71	74
New River	13030	142	28	73	243	454	81	151
Onslow-Carteret	43021	126	85	67	278	261	93	87
Orange-Person-Chatham	23061	124	113	87	324	375	108	125
Pathways	13081	313	266	28	607	1,021	202	340
Pitt	43091	152	119	39	310	195	103	65
Roanoke-Chowan	43101	Subject to Performance Agreement						
Sandhills	33031	414	331	188	933	1,035	311	345
Smoky Mountain	13010	391	309	253	953	833	318	278
Southeastern Center	43011	239	196	160	595	712	198	237
Southerastern Regional	33041	239	196	94	529	480	176	160
Tideland	43111	Subject to Performance Agreement						
Wake	33081	212	185	62	459	541	153	180
Western Highlands	13131	399	333	380	1,112	1,463	371	488
Wilson-Greene	43041	Subject to Performance Agreement						
TOTAL ADMISSIONS		5,260	4,309	3,120	12,689	15,439	4,230	5,146

Data that are shaded are incomplete or appear to be inaccurate.

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Information Management, Analysis, and Reporting.
1.8.2.2. Consumer Information - Client Data Warehouse (CDW)
Completeness of Required Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Data has been entered in all required fields.

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) where all required data fields are complete.

Best Practice Standard: 90% of all required data fields are complete for the prior quarter.

SFY 2006 Standard: 80% of all required data fields are complete for the prior quarter.

Local Management Entity	Area Code	State Of Residence	Ability To Pay	Competency Status	EAP Code	Education Level	Employment Status	Veteran Status	Standard Met ²
Alamance-Caswell-Rockingham	205	100%	84%	100%	100%	100%	100%	100%	★
Albemarle	412	100%	100%	100%	100%	100%	100%	100%	★★
Catawba	109	100%	100%	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	97%	100%	100%	100%	100%	100%	★★
Cumberland	305	100%	100%	100%	100%	100%	100%	100%	★★
Durham	207	100%	100%	100%	100%	100%	100%	100%	★★
Eastpointe	408	100%	99%	100%	100%	100%	100%	100%	★★
Edgecombe-Nash	405	Subject to Performance Agreement							
Five County	208	100%	100%	100%	100%	100%	100%	100%	★★
Foothills	105	100%	100%	99%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	100%	100%	100%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	100%	100%	100%	★★
Mecklenburg	110	100%	100%	100%	100%	100%	100%	100%	★★
Neuse	407	100%	100%	100%	100%	100%	100%	100%	★★
New River	103	100%	93%	100%	100%	100%	100%	100%	★★
Onslow-Carteret	402	100%	100%	100%	100%	100%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	100%	100%	100%	100%	100%	★★
Pathways	108	100%	100%	100%	100%	100%	100%	100%	★★
Pitt	409	100%	100%	100%	100%	100%	100%	100%	★★
Roanoke-Chowan	410	Subject to Performance Agreement							
Sandhills Center	303	100%	100%	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Regional	304	100%	100%	100%	100%	100%	100%	100%	★★
Tideland	411	Subject to Performance Agreement							
Wake	308	100%	100%	100%	100%	100%	100%	100%	★★
Western Highlands	113	100%	100%	100%	100%	100%	100%	100%	★★
Wilson-Greene	404	Subject to Performance Agreement							

Number and Pct of LMEs that met the Best Practice Standard:

24 (96%)

Number and Pct of LMEs that met the SFY 2006 Standard:

1 (4%)

Total

25 (100%)

Notes:

1. Percentages less than 80% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) where all mandatory data fields contain a value other than "unknown".

Best Practice Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2006 Standard: 85% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Area Code	County	Race	Ethnicity	Gender	Marital Status	Standard Met ²
Alamance-Caswell-Rockingham	205	100%	99%	98%	100%	99%	★★
Albemarle	412	100%	100%	99%	100%	100%	★★
Catawba	109	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	96%	94%	100%	97%	★★
Cumberland	305	100%	98%	100%	100%	100%	★★
Durham	207	100%	99%	91%	100%	94%	★★
Eastpointe	408	99%	98%	97%	98%	95%	★★
Edgecombe-Nash	405	Subject to Performance Agreement					
Five County	208	100%	100%	100%	100%	100%	★★
Foothills	105	100%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	99%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	100%	★★
Mecklenburg	110	100%	99%	98%	100%	99%	★★
Neuse	407	100%	100%	100%	100%	100%	★★
New River	103	100%	99%	98%	100%	99%	★★
Onslow-Carteret	402	100%	100%	99%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	99%	100%	100%	★★
Pathways	108	100%	100%	100%	100%	100%	★★
Pitt	409	99%	98%	97%	99%	89%	★
Roanoke-Chowan	410	Subject to Performance Agreement					
Sandhills Center	303	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	99%	98%	100%	100%	★★
Southeastern Regional	304	100%	100%	100%	100%	100%	★★
Tideland	411	Subject to Performance Agreement					
Wake	308	100%	100%	100%	100%	100%	★★
Western Highlands	113	100%	100%	100%	100%	100%	★★
Wilson-Greene	404	Subject to Performance Agreement					

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2006 Standard: _____
Total

24 (96%)

1 (4%)

25 (100%)

Notes:

1. Percentages less than 85% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claim record.

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

SFY 2006 Standard: 80% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Area Code	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	89%	★
Albemarle	412	96%	★★
Catawba	109	91%	★★
CenterPoint	202	99%	★★
Crossroads	201	95%	★★
Cumberland	305	100%	★★
Durham	207	99%	★★
Eastpointe	408	90%	★★
Edgecombe-Nash	405	Subject to Performance Agreement	
Five County	208	94%	★★
Foothills	105	98%	★★
Guilford	204	99%	★★
Johnston	307	99%	★★
Mecklenburg	110	90%	★★
Neuse	407	90%	★★
New River	103	76%	
Onslow-Carteret	402	86%	★
Orange-Person-Chatham	206	95%	★★
Pathways	108	89%	★
Pitt	409	93%	★★
Roanoke-Chowan	410	Subject to Performance Agreement	
Sandhills Center	303	94%	★★
Smoky Mountain	101	0%	
Southeastern Center	401	92%	★★
Southeastern Regional	304	93%	★★
Tideland	411	Subject to Performance Agreement	
Wake	308	86%	★
Western Highlands	113	96%	★★
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

19 (76%)

Number and Pct of LMEs that met the SFY 2006 Standard:

4 (16%)

Total

23 (92%)

Notes:

1. Percentages less than 80% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.5. Consumer Information - Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, CSMAJ.

The table below shows the percentage¹ of open clients in the designated target populations (1 quarter lag) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2006 Standard: 80% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Area Code	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	86%	★
Albemarle	412	96%	★★
Catawba	109	92%	★★
CenterPoint	202	100%	★★
Crossroads	201	92%	★★
Cumberland	305	99%	★★
Durham	207	99%	★★
Eastpointe	408	81%	★
Edgecombe-Nash	405	Subject to Performance Agreement	
Five County	208	40%	
Foothills	105	100%	★★
Guilford	204	96%	★★
Johnston	307	87%	★
Mecklenburg	110	81%	★
Neuse	407	100%	★★
New River	103	92%	★★
Onslow-Carteret	402	90%	★★
Orange-Person-Chatham	206	95%	★★
Pathways	108	80%	★
Pitt	409	59%	
Roanoke-Chowan	410	Subject to Performance Agreement	
Sandhills Center	303	95%	★★
Smoky Mountain	101	0%	
Southeastern Center	401	94%	★★
Southeastern Regional	304	98%	★★
Tideland	411	Subject to Performance Agreement	
Wake	308	94%	★★
Western Highlands	113	91%	★★
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

17 (68%)

Number and Pct of LMEs that met the SFY 2006 Standard:

5 (20%)

Total

22 (88%)

Notes:

- Percentages less than 80% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.7. Consumer Information - DD Client Outcomes Inventory (DD-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The DD COI is required for consumers ages 6 and over with a primary disability of DD whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age and disability group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2006 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell-Rockingham	0	0		
Albemarle	0	0		
Catawba	1	1	100.0%	★★
CenterPoint	2	2	100.0%	★★
Crossroads	0	0		
Cumberland	5	5	100.0%	★★
Durham	1	1	100.0%	★★
Eastpointe	2	2	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement			
Five County	1	1	100.0%	★★
Foothills	0	0		
Guilford	1	1	100.0%	★★
Johnston	1	1	100.0%	★★
Mecklenburg	1	1	100.0%	★★
Neuse	0	0		
New River	1	1	100.0%	★★
Onslow-Carteret	0	0		
Orange-Person-Chatham	1	1	100.0%	★★
Pathways	3	3	100.0%	★★
Pitt	2	2	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center	2	2	100.0%	★★
Smoky Mountain	0	0		
Southeastern Center	3	3	100.0%	★★
Southeastern Regional	2	2	100.0%	★★
Tideland	Subject to Performance Agreement			
Wake	4	4	100.0%	★★
Western Highlands	1	1	100.0%	★★
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

18 (100%)

Number and Pct of LMEs that met the SFY 2006 Standard: _____
Total

0 (0%)

18 (100%)

Notes:

1. Percentages less than 90% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. Data reported below are for the prior quarter (time-lagged one quarter).

Best Practice Standard: 100% of the expected initial forms are received on time.

SFY 2006 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham						
Albemarle						
Catawba						
CenterPoint						
Crossroads						
Cumberland						
Durham						
Eastpointe						
Edgecombe-Nash		Subject to Performance Agreement				
Five County						
Foothills						
Guilford						
Johnston						
Mecklenburg						
Neuse						
New River						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
Pitt						
Roanoke-Chowan		Subject to Performance Agreement				
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Tideland		Subject to Performance Agreement				
Wake						
Western Highlands						
Wilson-Greene		Subject to Performance Agreement				

To better account for the time lag for submitting claims that generate NC-TOPPS data requirements, the first quarter data will be reported in the third quarter.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

0 (0%)

Notes:

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- The expected number of initial assessments is based on the number of consumers receiving services in SFY 2005 as members of defined target populations, reduced by the number of exempt consumers reported by the LME or an estimate of the number of consumers to be exempted, whichever was greater.

Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, a file containing current assessment forms for all consumers receiving DD services.

Best Practice Standard: 100% of current assessments are no more than 15 months old.

SFY 2006 Standard: 95% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell-Rockingham	634	632	99.7%	★
Albemarle	335	335	100.0%	★★
Catawba	361	359	99.4%	★
CenterPoint	1,161	1,158	99.7%	★
Crossroads	723	534	73.9%	
Cumberland	911	365	40.1%	
Durham	950	550	57.9%	
Eastpointe	900	777	86.3%	
Edgecombe-Nash			Subject to Performance Agreement	
Five County	811	679	83.7%	
Foothills	547	524	95.8%	★
Guilford	1,665	1,201	72.1%	
Johnston	348	345	99.1%	★
Mecklenburg	1,797	1,630	90.7%	
Neuse	444	442	99.5%	★
New River	550	534	97.1%	★
Onslow-Carteret	643	475	73.9%	
Orange-Person-Chatham	898	838	93.3%	
Pathways	1,555	1,437	92.4%	
Pitt	485	476	98.1%	★
Roanoke-Chowan			Subject to Performance Agreement	
Sandhills Center	1,164	1,077	92.5%	
Smoky Mountain	460	459	99.8%	★
Southeastern Center	901	834	92.6%	
Southeastern Regional	1,040	1,020	98.1%	★
Tideland			Subject to Performance Agreement	
Wake	2,145	1,673	78.0%	
Western Highlands	1,455	1,106	76.0%	
Wilson-Greene			Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

1 (4%)

Number and Pct of LMEs that met the SFY 2006 Standard:

10 (40%)

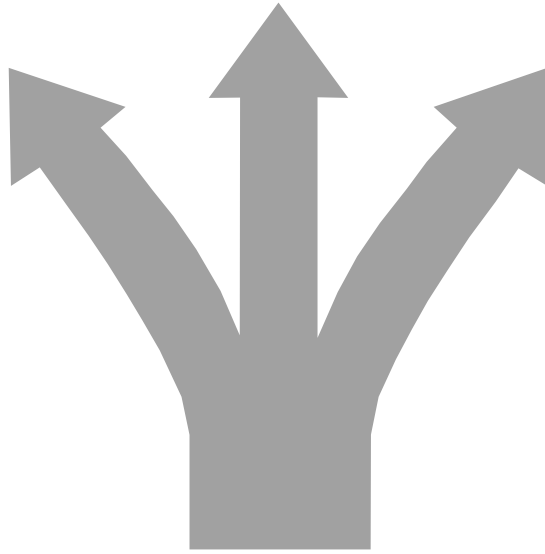
Total

11 (44%)

Notes:

1. Percentages less than 95% appear shaded and in bold font.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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